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**FACSIMILE TRANSMISSION COVER SHEET**

Date: February 11, 2008  
To: United States Patent and Trademark Office  
Examiner: Jackson, Jakieda R.; Art Unit: 2626  
Fax: (571) 273-8300  
Re: **Application Serial No.: 10/799,533**  
Filing Date: 3/11/2004; First-Named Inventor: Gao  
Attorney Docket No.: 0160112  
From: Farjami & Farjami LLP

Number of pages including the cover sheet: 20

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated October 18, 2007.

Authorization is hereby given to the Director to charge \$120.00 to deposit account 50-1867 as payment for the required fee.

Thank you.

The documents accompanying this facsimile contain PRIVILEGED AND CONFIDENTIAL information intended only for use of the individual or entity named above. If you are not the intended recipient, disclosure, copying, distribution or use of the contents of this facsimile information is prohibited. If you have received this facsimile in error, please immediately notify us by telephone and return the original facsimile to us at the above address via U.S. Postal Service. We will reimburse you for all expenses incurred.

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Attorney Docket No.: 0160112

## AMENDMENT COVER SHEET

IN RE APPLICATION OF: Gao, YangSERIAL NO.: 10/799,533 FILED: 3/11/2004FOR: Signal Decomposition of Voiced Speech for CELP Speech CodingHONORABLE COMMISSIONER FOR PATENTS  
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☐ No additional fee is required.☒ The fee has been calculated as shown below:☒ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$ 120.00
SECOND MONTH AFTER TIME PERIOD SET	460.00	230.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,050.00	525.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,640.00	820.00	\$

☒ TOTAL EXTENSION FEE \$ 120.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	44	MINUS **52	* = 0	x 50	x 25	\$
INDEPENDENT	4	MINUS ***4	* = 0	x 210	x 105	\$
First presentation of multiple dependent claim				+ 370	+ 185	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

\* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

\*\* If the number of Total Claims previously paid for is less than 20, write "20" in this space.

\*\*\* If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

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- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☒ Please charge Deposit Account No. 50-1867 in the amount of \$120.00
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-1867. A duplicate copy of this sheet is enclosed.

Date:

2/12/08

By:

Farshad Farjami, Reg. No. 41,014

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Christina Carter Ellis

Name of Person Performing Facsimile Transmission

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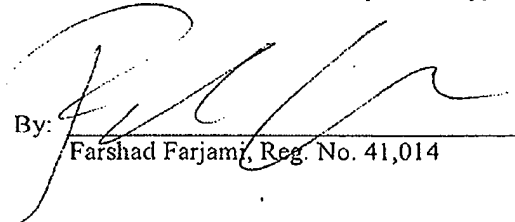
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